(\hat{Q})	1						•	29393	U65	31805
	990-T	l E	Exempt Orga	nization Bu	usine	ss Inco	me T	ax Retui	rn l	OMB No 1545-0687
زية المجالجي	ટ. ટ.	_		nd proxy tax ur				1,0	200	
		Forca	lendar year 2018 or other tax ye	ar beginning JUL 1	L, 20	18 _ , and end	ing JU	<u>и 30, 2</u> 0	19	2018
Denertr	ment of the Treasury		► Go to www	r irs gov/Form990T fo	r instructio	ons and the late	est inform	ation.	L	
	Revenue Service	▶	Do not enter SSN numbe	ers on this form as it n	nay be ma	de public if you	ir organiza	ation is a 501(c)(3) (Open to Public Inspection for 50 1(c)(3) Organizations Only
Internal A	Check box if		Name of organization (Check box if nam	ne changed	and see instru	ctions.)		(Empl	oyer identification number oyees' trust, see
	address changed									ctions)
	empt under section	Print	NORTH CAROL							6-0552787
	501(c 0 3)	or Type	Number, street, and room		box, see ir	nstructions				nstructions)
	408(e) 220(e) 408A 530(a)		MEDICAL CEN City or town, state or pro		D or forms	n nootal ands	_		\dashv	
: 누룩	408A 530(a) 529(a)		WINSTON-SAL		'157	n postal code			621	500
C Bool	k value of all assets	L	F Group exemption num						V 21	300
C Book at er 2, H Ente	nd of year . 099 . 795 . 21	20.	G Check organization typ			n 501	(c) trust	40	1(a) trust	Other trust
H Ent			tion's unrelated trades or I		4		• • • • • • • • • • • • • • • • • • • •	the only (or first)	· /	
trad		•	DICAL & RESE	_	ATOR	IES II		complete Parts I		than one,
des			ce at the end of the previo				Schedule	M for each addit	ional trade	or
bus	iness, then complete t	Parts III	-V.							
	•		oration a subsidiary in an	- '	arent-subs	idiary controlled	group?	>	Ye Ye	s X No
<u> [f "Y</u>			tifying number of the parer		_			 	222	
	books are in care of		JOSEPH DOLAN				<u></u>	one number		716 4445
Par 1a (de or Business Inc		1	(A) Inco	me	(B) Expen	ses	(C) Net
	Gross receipts or sale		4,508,200.	1		4,508,	200			
	Less returns and allov		A line 7\	」 c Balance ↓	1c	4,500,	200.			
	Cost of goods sold (S Gross profit Subtract		•	£\	. 2	4,508,	200	<u> </u>		4,508,200.
	Capital gain net incom			7,	4a	1,300,	2001			× 1,300,200
		•	art II, line 17) (attach Forn	n 4797)	4b					
	Capital loss deduction			,	4c					
5 1	Income (loss) from a	partners	ship or an S corporation (a	ittach statement)	5					
6	Rent income (Schedul	le C)			6					
7 (Unrelated debt-finance	ed incor	ne (Schedule E)		7					
-			nd rents from a controlled	-						
			on 501(c)(7), (9), or (17) o	rganization (Schedule						
	Exploited exempt activ	•	• ,	/	10					
	Advertising income (S		•		11					
	Other income (See ins		·		12	4,508,	200			4,508,200.
13 Par	Total. Combine lines	ns No	ot Taken Elsewher	re (See instructions	s-for-limiti	etions-on-deal	uctions)	L		4,500,200
	(Except for c	contribi	utions, deductions mus	t be directly coninec	ted with	he unrelated	business	ıncome)		
14	Compensation of offi	icers, di	rectors, and trustees (Sch	edule K)		70			14	
15	Salaries and wages	•		1631	@ X 26)20 SS-SS			15	516,899.
16	Repairs and mainten	ance		型 70F	2 4 20	ပို့ပါ ကြွေ			16	
17	Bad debts					<u> </u> =			17	
18	Interest (attach sche	dule) (s	ee instructions)	OGD	DEN.	UT			18	
19	Taxes and licenses								19	79,412.
20			e instructions for limitation	rules) STATE	MENT	3 SEE		EMENT 1	20	272,410.
21	Depreciation (attach	4	,				21	217,254		217 254
	•	almed o	n Schedule A and elsewher	re on return		Ľ	22a		22b	217,254.
23	Depletion								23	·- ·-
		frend							24 25	140,337.
	Contributions to defe		mpensation plans							
25	Contributions to defe Employee benefit pro	ograms								140,337.
25 26	Contributions to dete Employee benefit pro Excess exempt exper	ograms nses (So	chedule I)						26	140,337
25 26 27	Contributions to defe Employee benefit pro Excess exempt exper Excess readership co	ograms nses (So osts (Sc	chedule I) hedule J)			SEE	STAT	EMENT 2	26 27	
25 26 27 28	Contributions to defe Employee benefit pro Excess exempt exper Excess readership co Other deductions (at	ograms nses (So osts (So tach sch	chedule I) hedule J) nedule)			SEE	STAT	PEMENT 2	26 27 28	829,197.
25 26 27 28 29	Contributions to defe Employee benefit pro Excess exempt exper Excess readership co Other deductions (att Total deductions. Al	ograms nses (So osts (So tach sol dd lines	chedule I) hedule J) nedule)	g loss deduction. Subt	tract line 2º		STAT	TEMENT 2	26 27	829,197. 2,055,509. 2,452,691.
25 26 27 28 29	Contributions to dete Employee benefit pro Excess exempt exper Excess readership co Other deductions (at Total deductions. An Unrelated business to	ograms nses (Sc osts (Sc tach sch dd lines axable i	chedule I) hedule J) nedule) 14 through 28	-		9 from line 13	Jones D.	7) ~	26 27 28 29	829,197. 2,055,509.
25 26 27 28 29 30 31	Contributions to determine the Employee benefit processes exempt experiences readership control deductions (at Total deductions. At Unrelated business to Deduction for net op	ograms nses (So osts (So tach sol dd lines axable i erating	chedule I) hedule J) nedule) 14 through 28 ncome before net operatin	ginning on or after Jai		9 from line 13	Jones D.	PEMENT 2	26 27 28 29 30	829,197. 2,055,509.

		s," see instructions for other forms the organ the amount of tax-exempt interest received o	•	20,909	9.				
Sign Here		nder penalties of perjury, I declare that I have examine irrect, and complete Declaration of preparer (other-than Signature of officer		parer has any knowled		May the IRS discuss this re the preparer shown below		s this return below (see	with
Paid		Print/Type preparer's name SHAWN HUTCHINSON	Preparer's signature Haun Hutchison	Date 7/7/20	Check if PTIN self- employed P01048		PTIN P01048	557	
Prepai Use O		I Supplier M. D. 10 FECTION							
323711 01-0)9-1 9	J		21.0, 2.0 2.10	- 1 2 2 - 10 - 10 - 1		Forn	-22-	(2018)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation ► N/A		<u> </u>			
1 Inventory at beginning of year	1			Inventory at end of year			6	ļ	
2 Purchases	2		_	Cost of goods sold Su		line 6	Ť	<u> </u>	
3 Cost of labor	3			from line 5 Enter here					
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		1	property produced or a	•	•			
5 Total Add lines 1 through 4b	5			the organization?		,,			
Schedule C - Rent Income (see instructions)	(From Real I	Property and	Per	sonal Property L	.ease	d With Real Prop	erty		
1. Description of property									
(1)									
(2)									
(3)					_		-	_	
(4)				·					
	2. Rent receive	ed or accrued							
rent for personal property is more than of rent for p				onal property (if the percental property exceeds 50% or if yed on profit or income)	age 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)						-			
(2)	-								
(3)									
(4)									
Total	0.	Total			0.	1			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	ı (A)	•			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	_		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from or allocable to debt-	3 Deductions directly connected with o to debt-financed property			perty	
1. Description of debt-fir	nanced property			financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)			1				+	·	
(2)						-		•	
(3)									
(4)							+		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis flocable to nced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deducti (column 6 x total of co 3(a) and 3(b))	
(1)		· · · · · · · · · · · · · · · · · · ·		%			\top		
(2)				%			\top		
(3)			· · · · · ·	%			1	 -	
(4)				%					
			•	70		nter here and on page 1, Part I, line 7 column (A)		Enter here and on page Part I, line 7, column (
Totals						0		, ,	0.
Total dividends-received deductions in	ncluded in column	8			L		:		0.
		<u> </u>					· 1		

			Exempt	Controlled O	rganizatio	ons				
1 Name of controlled organiza		Employer lentification number		related income e instructions)		al of specified ments made	include	t of column 4 ad in the contration s gross	rolling	6. Deductions directly connected with income in column 5
)										
)						··-···				
)			1				-			
)		-								
nexempt Controlled Organ	ızatıons									
7. Taxable Income	8. Net unrelated (see instru		9. Total	of specified paying made	nents	10 Part of colur in the controllingross		ization s	11. Dec with	ductions directly connectincome in column 10
)										
*)										
)				-						
)	<u> </u>									
						Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part line 8, column (B)
tals				T) (0) 1	<u>▶</u>			0.	L	· · · · · · · · · · · · · · · · · · ·
chedule G - Investme		a Section	501(c)(7	7), (9), or (⁻	17) Org	janization				
(See inst	ructions)			T	T	3. Deduction	. I			5. Total deductio
1 Desc	cription of income			2 Amount of	income	directly connec	cted	4. Set-	asides schedule)	and set-asides
)	. =			 		(attach sched	uie)	<u> </u>		(col 3 plus col
))				 						<u> </u>
3)										<u> </u>
1)	-			1						
				Enter here and o Part I, line 9, col						Enter here and on par Part I line 9, column
tals			>		0.					
chedule I - Exploited (see instri	=	ity Incom	e, Other	Than Adv	ertisin	g Income			-	
Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pr of ur	xpenses connected roduction related ss income	4 Net incom from unrelated business (co minus column gain, compute through	trade or lumn 2 n 3) If a n cots 5	5. Gross inco from activity the is not unrelate business income	hat ed	6 Exp attribut colui		7. Excess exemp expenses (column 6 minus column 5 but not more than column 4)
)							T			
?)		_								
3)										
1)	Enter here and on page 1, Part I, tine 10, col (A)	page line 10	ere and on 1, Part I) col (B)							Enter here and on page 1 Part II, line 26
).	0.	I				 		J
	ng Income /s	ee instruction	ne)							
chedule J - Advertisi	ng Income (s	ee instructio		solidated	Basis					
chedule J - Advertisi	ng Income (s	ee instructio		solidated	Basis			,		
chedule J - Advertisi	ng Income (s	ee instruction		4 Advert	ising gain of 2 minus iin, compute	5 Circulati		6 Read		costs (column 6 mini
chedule J - Advertisi	ng Income (s Periodicals R	ee instruction	n a Cons	4 Advert or (loss) (co	ising gain of 2 minus iin, compute					7 Excess readershi costs (column 6 mini column 5 but not mo than column 4)
chedule J - Advertisi Part I Income From 1. Name of periodical	ng Income (s Periodicals R	ee instruction	n a Cons	4 Advert or (loss) (co	ising gain of 2 minus iin, compute					costs (column 6 minu column 5 but not mo
chedule J - Advertisi Part I Income From 1. Name of periodical	ng Income (s Periodicals R	ee instruction	n a Cons	4 Advert or (loss) (co	ising gain of 2 minus iin, compute					costs (column 6 mini column 5 but not mo
chedule J - Advertisi Part I Income From 1. Name of periodical	ng Income (s Periodicals R	ee instruction	n a Cons	4 Advert or (loss) (co	ising gain of 2 minus iin, compute					costs (column 6 minu column 5 but not mo
chedule J - Advertisi Part I Income From 1. Name of periodical	ng Income (s Periodicals R	ee instruction	n a Cons	4 Advert or (loss) (co	ising gain of 2 minus iin, compute					costs (column 6 mini column 5 but not mo

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5 but not more than column 4)
-					
					,
1					
0.	0.				0.
Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, cot (B)]			Enter here and on page 1, Part II line 27
0.	0.				0.
	advertising income 0. Enter here and on page 1, Part I, line 11, col (A) 0.	advertising advertising costs O • O • O • O • Enter here and on page 1, Part I, line 11, col (A) Inne 11, col (B) O • O • O •	2. Gross advertising short advertising costs or (loss) (col 2 minus col 3) If a gain, compute cots 5 through 7 O . O . Enter here and on page 1, Part I, line 11, col (A) O . O .	2. Gross advertising costs advertising costs advertising costs or (loss) (col 2 minus col 3) If a gain, compute cots 5 through 7 0. 0. Enter here and on page 1, Part I, line 11, col (A)	2. Gross advertising advertising costs of (loss) (col. 2 minus col. 3). If a gain, compute costs of 5 through 7. 0. 0. Enter here and on page 1, Part I, line 11, col. (A). 0. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	, 2. Title /	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)	,	%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14) -	0.

Form 990-T (2018)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOÚNT
CASH ONLY	N/A	1,636,746.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20	1,636,746.
FORM 990-T	OMUED DEDUCATIONS	CMA THUMBAN O
	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION	OTHER DEDUCTIONS	AMOUNT

FORM 990-T C	CONTRIBUTIONS SUMMARY		STATEMENT 3
QUALIFIED CONTRIBUTIONS SUB	JECT TO 100% LIMIT		
CARRYOVER OF PRIOR YEARS UN	USED CONTRIBUTIONS		
FOR TAX YEAR 2013	261,008		
FOR TAX YEAR 2014	20,758		
FOR TAX YEAR 2015	23,671	•	
FOR TAX YEAR 2016			
FOR TAX YEAR 2017	1,168,215		
TOTAL CARRYOVER		1,473,652	
TOTAL CURRENT YEAR 10% CONT	RIBUTIONS	1,636,746	
TOTAL CONTRIBUTIONS AVAILAB	T.R	3,110,398	_
TAXABLE INCOME LIMITATION A		272,410	
EXCESS 10% CONTRIBUTIONS	_	2,837,988	
EXCESS 100% CONTRIBUTIONS		0	
TOTAL EXCESS CONTRIBUTIONS		2,837,988	
ALLOWABLE CONTRIBUTIONS DED	UCTION		272,410
TOTAL CONTRIBUTION DEDUCTIO	N		272,410

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

ENTITY 2 OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99)

Name of the organization

For calendar year 2018 or other tax year beginning $\underline{JUL~1}$, $\underline{2018}$, and ending $\underline{JUN~30}$, $\underline{2019}$

NORTH CAROLINA BAPTIST HOSPITAL

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

Employer identification number

56-0552787

	Inrelated business activity code (see instructions) Structure Exercise the unrelated trade or business VERGER II		LC			
Par		, 1	(A) Income	(B) Expens	es	(C) Net
	Gross receipts or sales					
	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach			1	u 4n	
	statement)	5	-139,802	•		-139,802.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)	_				
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10		+		
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule) Total, Combine lines 3 through 12	12 13	-139,802			-139,802.
13	t Deductions Not Taken Elsewhere (See instructi		•			
	deductions must be directly connected with the u				· ·	
14	Compensation of officers, directors, and trustees (Schedule K)				14	· · · · · · · · · · · · · · · · ·
15 16	Salaries and wages Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	6,242.
20	Charitable contributions (See instructions for limitation rules)				20	
21	Depreciation (attach Form 4562)		21			
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)		SEE STA	TEMENT 4	28	345,072.
29	Total deductions. Add lines 14 through 28				29	351,314.
30	Unrelated business taxable income before net operating loss deduce	ction S	Subtract line 29 from l	ne 13	30	-491,116.
31	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see		<u> </u>	<u></u>
	instructions)				31	
32	Unrelated business taxable income Subtract line 31 from line 30				32	-491,116.
LHA	For Paperwork Reduction Act Notice, see instructions.			\$	Schedule	M (Form 990-T) 2018

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
PURCHASED SERVICES OIL AND GAS DEPLETION FRO	OM PASS-THRUS	2,500. 342,572.
TOTAL TO SCHEDULE M, PART	T II, LINE 28	345,072.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

0.

Employer identification number

56-0552787

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	<u></u>	ΔP	N.		154	5.0	687

ENTITY

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization For calendar year 2018 or other tax year beginning $\underline{JUL~1,~2018}$, and ending $\underline{JUN~30,~2019}$

NORTH CAROLINA BAPTIST HOSPITAL

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

	Unrelated business activity code (see instructions) 52300	0				
	Describe the unrelated trade or business MEDCOST,	LLC				
Pa	TI Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales			·		
b	Less returns and allowances c Balance ▶	1c				
2	Cost of goods sold (Schedule A, line 7)	2	ı			
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a		•		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach				1	
	statement)	5	987,431.		<u> </u>	987,431.
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)	İ				
	organization (Schedule G)	9				•
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11	4			
12	Other income (See instructions, attach schedule)	12				
<u>13</u>	Total. Combine lines 3 through 12	13	987,431.			987,431.
Pai	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the u				ept fo	r contributions,
14				,	44	
15	Compensation of officers, directors, and trustees (Schedule K)			-	14 15	
16	Salaries and wages			-		
17	Repairs and maintenance Bad debts			ŀ	16 17	
18	Interest (attach schedule) (see instructions)			ŀ	18	
19	Taxes and licenses	•		ŀ	19	33,219.
20	Charitable contributions (See instructions for limitation rules)			ŀ	20	95,171.
21	Depreciation (attach Form 4562)		21	ŀ	-20	73,111
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	•
23	Depletion		[224]		23	· · · · · · · · · · · · · · · · · · ·
24	Contributions to deferred compensation plans			ŀ	24	
25	Employee benefit programs			ŀ	25	
26	Excess exempt expenses (Schedule I)			ŀ	26	
27	Excess readership costs (Schedule J)			ŀ	27	
			SEE STATE	emeno 5	$\overline{}$	2 500
28	Other deductions (attach schedule)		SEE STATI	EMENT 5	28	2,500.

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Total deductions. Add lines 14 through 28

Schedule M (Form 990-T) 2018

29 30

31

130,890.

856,541.

29

30

instructions)

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 5
DESCRIPTION		AMOUNT
PURCHASED SERVICES		2,500.
TOTAL TO SCHEDULE M, PART	II, LINE 28	2,500.

SCHEDULE M . (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

OMB No 1545-0687

ENTITY

2018

Department of the Treasury Internal Revenue Service (99)

Name of the organization ► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

NORTH CAROLINA BAPTIST HOSPITAL

Open to Public Inspection for 501(c)(3) Organizations Only

Employer identification number

56-0552787

-	Unrelated business activity code (see instructions) > 72232 Describe the unrelated trade or business CATERING		OOD SERVICE	•		
	Describe the unrelated trade or business CATERING TI Unrelated Trade or Business Income	s	s (C) Net			
1 a	Gross receipts or sales 179,312.		r			
b	Less returns and allowances c Balance	1c	179,312.			
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3	179,312.			179,312.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5		1 f f f f f f f f f f f f f f f f f f f	•	•
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total, Combine lines 3 through 12	13	179,312.			179,312.
Pa	Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the u				ept fo	or contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	00 056
15	Salaries and wages				15	82,256.
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Charitable contributions (See instructions for limitation rules)		21	0 401	20	
21	Depreciation (attach Form 4562)	8,401.		0 404		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	8,401.	
23	Depletion	23				
24	Contributions to deferred compensation plans	24				
25	Employee benefit programs	25	24,172.			
26	Excess exempt expenses (Schedule I)				_26	· · · · · · · · · · · · · · · · · · ·
27	Excess readership costs (Schedule J)	27				

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income Subtract line 31 from line 30

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

28

29

30

31

103,196.

 $2\overline{18},025.$

 $-38,7\overline{13}$.

-38,713.

instructions)

28 Other deductions (attach schedule)

Total deductions. Add lines 14 through 28

SEE STATEMENT 6

Page 3

NORTH CARO	LINA BA	PTIST HO	SPI			56-0552	2787	
Schedule A - Cost of Goods S	Old. Enter	method of inver	1					
1 Inventory at beginning of year	1			Inventory at end of ye		-	6	
2 Purchases	2		⊣ 7	Cost of goods sold S	Subtract li	ne 6		
3 Cost of labor	3		4	from line 5 Enter here	and in P	art I,		
4 a Additional section 263A costs				line 2		L	7	
(attach schedule)	4a		8	Do the rules of section	n 263A (v	vith respect to	L	Yes No
 Other costs (attach schedule) 	4b		╛	property produced or	acquired	for resale) apply to		
5 Total Add lines 1 through 4b	5			the organization?		<u> </u>		X
Schedule C - Rent Income (Fi (see instructions)	rom Real I	Property and	d Pers	sonal Property I	Leased	d With Real Prope	erty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent receive	d or accrued						
(a) From personal property (if the percen rent for personal property is more tha 10% but not more than 50%)	tage of	of rent for	personal	onal property (if the percente property exceeds 50% or if ind on profit or income)	age	3(a) Deductions directly of columns 2(a) and	connected with the inco d 2(b) (attach schedule)	
(1)						-		
(2)								
(3)								
(4)								
Total	0.	Total			0.			,
(c) Total income. Add totals of columns 2(a here and on page 1, Part I, line 6, column (A		er			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Debt-	Financed	Income (see	ınstru	ctions)				
			2	Gross income from		Deductions directly conn to debt-finance	ected with or allocable ad property	
Description of debt-financed property		or allocable to debt- financed property		(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)			i					
(2)	•		1		1			
(3)				··	1			
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-finar	adjusted basis ilocable to aced property schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8 Allocable d (column 6 x tota 3(a) and	l of columns
(1)	•			%				
(2)				%				
(3)				%				
(4)				%				
· ·						nter here and on page 1, lart I, line 7, column (A)	Enter here and o Part I, line 7, co	
					1	•	1	^
Totals				•	-	0.		0.
Totals Total dividends-received deductions inclu	uded in column	8		•	· L	<u>0.</u> ▶		0.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 6
DESCRIPTION		AMOUNT
PURCHASED SERVICES MISCELLANEOUS SUPPLIES & EXPENS	ES	-664. 103,860.
TOTAL TO SCHEDULE M, PART II, L	INE 28	103,196.